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MBC Case No. 16-2010-207601

Respondent.

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**BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Case Against:

Benjamin L. Aaron, M.D.
10333 Vista Del Capitan
Lakeside, CA 92040

Physician's and Surgeon's
Certificate No. C-23473

Respondent.

MBC Case No. 16-2010-207601

**STIPULATION FOR
SURRENDER OF LICENSE**

IT IS HEREBY STIPULATED AND AGREED by and between the parties
to the above-entitled proceedings, that the following matters are true:

1. Complainant, Linda K. Whitney, is the Executive Director of the Medical Board of California, Department of Consumer Affairs ("Board").
2. Benjamin L. Aaron, M.D. has carefully read and fully understands the effect of this Stipulation.
3. Respondent agrees that based on the action taken by the Texas Medical Board, (Exhibit A) cause exists to discipline his California Physician's and Surgeon's certificate pursuant to Business and Professions Code sections 141(a) and 2305.
4. Respondent understands that, if proven at hearing, the charges and allegations under investigation would constitute cause for imposing discipline upon respondent's license issued by the Board.
5. Respondent is aware of each of his rights, including the right to a hearing, the right to confront and cross-examine witnesses who would testify against respondent, the right to testify and present evidence on his own behalf, as well as to the issuance of subpoenas to compel the attendance of witnesses and the production of documents, the right to contest any charges and allegations, and other rights which are

1 accorded respondent pursuant to the California Administrative Procedure Act (Gov. Code, §
2 11500 et seq.) and other applicable laws, including the right to seek reconsideration, review
3 by the superior court, and appellate review.

4 6. In order to avoid the expense and uncertainty of a hearing, respondent
5 freely and voluntarily waives each and every one of these rights set forth above. Respondent
6 hereby agrees to surrender Physician's and Surgeon's Certificate No. C-23473.

7 7. Respondent understands that by signing this Stipulation he is enabling
8 the Board to accept the surrender of his license without further process, as provided by
9 section 11415.60(b) of the Government Code.

10 8. Upon acceptance of the Stipulation by the Board, respondent
11 understands that he will no longer be permitted to practice as a physician and surgeon in
12 California, and also agrees to surrender and cause to be delivered to the Board both his
13 license and wallet certificate before the effective date of the Decision.


14 9. Respondent hereby represents that he does not intend to seek
15 relicensure or reinstatement as a Physician and Surgeon. Respondent fully understands and
16 agrees, however, that if respondent ever files an application for relicensure or reinstatement
17 in the State of California, the Board shall treat it as a Petition for Reinstatement, and the
18 respondent must comply with all the laws, regulations and procedures for reinstatement of a
19 revoked license in effect at the time the petition is filed. Case Report No. 16-2010-207601,
20 including all referenced attachments and other exhibits, and any additional attachments, and
21 other exhibits, that may be generated subsequent to the filing of the surrender of license, shall
22 be admissible as direct evidence, and any time based defenses, such as laches or any
23 applicable statute of limitations, shall be waived when the Board determines whether to grant
24 or deny the Petition.

25 10. Respondent understands that this document may be disclosed to the
26 public, and/or the National Practitioner Data Bank and/or the Federation of State Medical
27 Boards.

ACCEPTANCE

I, Benjamin L. Aaron, M.D., have carefully read the above Stipulation and enter into it freely and voluntarily, with the full knowledge of its force and effect, do hereby surrender Physician's and Surgeon's Certificate No. C-23473, to the Medical Board of California. By signing this Stipulation for Surrender of License, I recognize that upon its formal acceptance by the Board, I will lose all rights and privileges to practice as a Physician and Surgeon in the State of California and I also will cause to be delivered to the Board both my license and wallet certificate before the effective date of the Decision.

DATED: 07-21-10


Benjamin L. Aaron, M.D.
Respondent

DATED: 07-21-10


WITNESS RICK BARKER

EXHIBIT A

LICENSE NO. C-6847

IN THE MATTER OF
THE LICENSE OF
BENJAMIN AARON, M.D.

BEFORE THE

TEXAS MEDICAL BOARD

AGREED VOLUNTARY SURRENDER ORDER

On the 4th day of June, 2010, came on to be heard before the Texas Medical Board (the "Board"), duly in session, the matter of the license of Benjamin Aaron, M.D. ("Respondent").

By the signature of Respondent on this Order, Respondent waives the right to appear at an Informal Show Compliance Proceeding and Settlement Conference pursuant to Section 164.004, Medical Practice Act, Title 3, Subtitle B, Texas Occupations Code, Board Rule 187.18, and all rights pursuant to Sections 2001.051 and 2001.054, Texas Government Code, including but not limited to the right to notice and hearing and instead agrees to the entry of this Order to resolve matters addressed herein. Sandra M. Zimmerman represented Board staff.

With the consent of Respondent, the Board makes the following Findings of Fact and Conclusions of Law and enters this Agreed Order.

FINDINGS OF FACT

The Board finds that:

1. Respondent received all notice required by law. All jurisdictional requirements have been satisfied. Respondent waives any defect in notice and any further right to notice or hearing under the Medical Practice Act, Title 3, Subtitle B, Texas Occupations Code (the "Act") or the Rules of the Board.
2. Respondent currently holds Texas Medical License No. C-6847. Respondent was originally issued this license to practice medicine in Texas on August 16, 1958. Respondent is not licensed to practice in any other state.

3. Respondent is primarily engaged in the practice of thoracic surgery, with a secondary specialty of cardiovascular surgery. Respondent is board certified by the American Board of Thoracic Surgery and by the American Board of Surgery, members of the American Board of Medical Specialties.

4. Respondent has indicated to the Board that he is retired and desires to surrender his medical license in lieu of further proceedings relating continuing medical education requirements.

5. Respondent has cooperated in the investigation related to this Agreed Order. Respondent's cooperation, through consent to this Agreed Order, pursuant to the provisions of Section 164.002 of the Act, will save money and resources for the State of Texas. To avoid further investigation, hearings, and the expense and inconvenience of litigation, Respondent agrees to the entry of this Agreed Order and to comply with its terms and conditions.

CONCLUSIONS OF LAW

Based on the above Findings of Fact, the Board concludes that:

1. The Board has jurisdiction over the subject matter and Respondent pursuant to the Act.
2. Section 164.061 of the Act and 22 TEX. ADMIN. CODE 196.1 authorizes the Board to accept the voluntary and permanent surrender of Respondent's Texas medical license.
3. Section 164.051(a)(3) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's violation of a Board rule, specifically Board Rule 166.2(a)(2) related to continuing medical education requirements.
4. Section 164.001 of the Act authorizes the Board to impose a range of disciplinary actions against a person for violation of the Act or a Board rule.
5. Section 164.002(a) of the Act authorizes the Board to resolve and make a disposition of this matter through an Agreed Order.
6. Section 164.002(d) of the Act provides that this Agreed Order is a settlement agreement under the Texas Rules of Evidence for purposes of civil litigation.

ORDER

Based on the above Findings of Fact and Conclusions of Law, the Board ORDERS that:

1. The voluntary and permanent surrender of Respondent's Texas license should be, and is, accepted by the Board effective on the date this Order is signed by the President of the Board.
2. Respondent's Texas Medical License ^{C-6847}~~E-6847~~ is, therefore, permanently canceled.
3. Respondent shall immediately cease practice in Texas. Respondent's practice after the date of entry of this Agreed Order shall constitute a violation of this Order, subjecting Respondent to disciplinary action by the Board or prosecution for practicing without a license in Texas.
4. Respondent shall not petition the Board for reinstatement of his Texas license.
5. By this voluntary and permanent surrender of Respondent's Texas medical license, Respondent resolves any complaints currently before the Board.

RESPONDENT WAIVES ANY FURTHER HEARINGS OR APPEALS TO THE BOARD OR TO ANY COURT IN REGARD TO ALL TERMS AND CONDITIONS OF THIS AGREED ORDER. RESPONDENT AGREES THAT THIS IS A FINAL ORDER.

THIS ORDER IS A PUBLIC RECORD.

SIGNATURE PAGE FOLLOWS

I, BENJAMIN AARON, M.D., HAVE READ AND UNDERSTAND THE FOREGOING AGREED ORDER. I UNDERSTAND THAT BY SIGNING, I WAIVE CERTAIN RIGHTS. I SIGN IT VOLUNTARILY. I UNDERSTAND THIS AGREED ORDER CONTAINS THE ENTIRE AGREEMENT AND THERE IS NO OTHER AGREEMENT OF ANY KIND, VERBAL, WRITTEN OR OTHERWISE.

Benjamin Aaron M.D.

BENJAMIN AARON, M.D.

Respondent

STATE OF CALIFORNIA

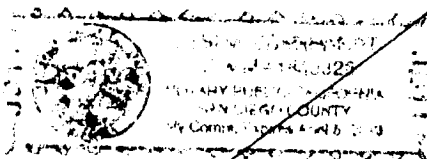
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COUNTY OF SAN DIEGO

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SWORN TO AND ACKNOWLEDGED BEFORE ME, the undersigned Notary Public,
on this 14 day of APRIL, 2010.



(Notary Seal)

[Signature]

Signature of Notary Public

SEE ATTACHED
NOTARY CERTIFICATE

SIGNED AND ENTERED by the presiding officer of the Texas Medical Board on this
4th day of June, 2010.

Irvin E. Zeitler, Jr., D.O.

Irvin E. Zeitler, Jr., D.O., President

Texas Medical Board

CALIFORNIA JURAT WITH AFFIANT STATEMENT

- ☒ See Attached Document (Notary to cross out lines 1-6 below)
☐ See Statement Below (Lines 1-5 to be completed only by document signer[s], not Notary)

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Signature of Document Signer No. 1 Signature of Document Signer No. 2 (if any)

State of California

County of SAN DIEGO

Subscribed and sworn to (or affirmed) before me on this

14 day of APRIL, 2010, by
Date Month Year

(1) BENJAMIN AARON MD
Name of Signer

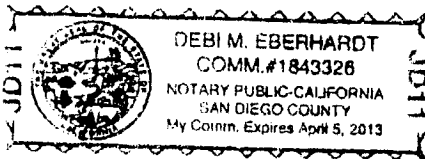
proved to me on the basis of satisfactory evidence
to be the person who appeared before me (.) (.)

(and

(2) _____
Name of Signer

proved to me on the basis of satisfactory evidence
to be the person who appeared before me.)

Signature [Signature]
Signature of Notary Public



Place Notary Seal Above

OPTIONAL

*Though the information below is not required by law, it may prove
valuable to persons relying on the document and could prevent
fraudulent removal and reattachment of this form to another document.*

Further Description of Any Attached Document

Title or Type of Document: Agreed Voluntary Surrender Order

Document Date: 4/14/10 Number of Pages: 4

Signer(s) Other Than Named Above: _____

